

UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF PENNSYLVANIA

**MSG** Jason Parker

15 3388

(In the space above enter the full name(s) of the plaintiff(s).)

INDIVIDUAL, OFFICIAL and Private capacities  
- against -

- ① Phila. - A.D.A Derek Riker, ESQ  
② Phila. - D.A. Seth Williams, ESQ  
③ Head Phila. Public Defender Ellen T. Greenlee  
④ Phila. Public Defender Jordan Barnett  
⑤ Phila. Public Defender Mira Sorvino  
⑥ Phila. Police Chief Charles Ramsey  
⑦ Phila. Police Officer John Brady #3428  
⑧ Phila. Police Officer McLaughlin #3118  
⑨ Phila. Police Department  
⑩ Phila. District Attorney Office  
⑪ Phila. Mayor Michael Rutter

COMPLAINT

under the  
Civil Rights Act, 42 U.S.C. § 1983  
(Prisoner Complaint)

Jury Trial: ☒ Yes ☐ No  
(check one)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

see Attached "1"

I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff Name Mr. Jason Parker  
ID # L2-1926  
Current Institution SCF @ Camp Hill  
Address P.O. Box 200  
Camp Hill, PA. 17001-0200

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1

Name Phila. A.D.A. Derek K Riker, ESQ Shield # \_\_\_\_\_  
 Where Currently Employed District Attorney Office / Assist. Dist. Atty  
 Address 3 South Penn Square 14th Floor  
Philadelphia, PA. 19107

Defendant No. 2

Name Head Phila. D.A. Seth Williams, ESQ Shield # \_\_\_\_\_  
 Where Currently Employed Head District Atty. / District Atty. Office  
 Address 3 South Penn Square  
Philadelphia, PA. 19107

Defendant No. 3

Name Head Phila. Public Defender Ellen T. Greenlee Shield # \_\_\_\_\_  
 Where Currently Employed Head Public Defender / Phila. Public Def. Office  
 Address 1441 Sanson Street  
Philadelphia, PA. 19103

Defendant No. 4

Name Asst. Phila. Public Defender Jordan Barnett Shield # \_\_\_\_\_  
 Where Currently Employed Asst. Defender / Phila. Public Def. Office  
 Address 1441 Sanson Street  
Phila., PA. 19103

Defendant No. 5

Name Asst. Phila. Public Defender Ming Sorvino Shield # \_\_\_\_\_  
 Where Currently Employed Asst. Public Defender / Phila. Public Def. Office  
 Address 1441 Sanson Street  
Phila., PA. 19103

## II. Statement of Claim:

" see Attached " A "

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur? Criminal Justice Center

B. Where in the institution did the events giving rise to your claim(s) occur? The Lobby  
The 7th Floor Bathroom, Courtroom: 705  
Courtroom: 406, The Whole Courthouse

C. What date and approximate time did the events giving rise to your claim(s) occur? April 17, 2014  
at 10am and on April 23, 2014 and May 20, 2014  
May 23, 2014 and August 20, 2014 10am



D. Facts: On April, 17, 2014 At 10AM in the Criminal Justice Center in Philadelphia on 1301 Filbert St. Phila. PA. 19107 ... Assistant District Attorney Derek Riker launched an investigation on me for impersonating a Notary, because he heard me supposedly ask a fictitious person do they see Exhibit "B" need legal representation. He apparently thought that a crime happened and he decided to call two (2) ex-employees that was recently terminated Ashley Cavell and Jennifer Muniz. He acted like he was Jennifer Muniz Public Defender and lured her to the Criminal Justice Center where he made (2) two Philadelphia Police Officers to take statements from these (2) two women. Police Officer John Brady #3428 interviewed Ashley Cavell and Police Officer McLaughlin #3118 interviewed Jennifer Muniz neither one of these women gave a statement implicating me in any crime. Also Assistant District Attorney bribed these two (2) women with paid attorneys for them and their family

### III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

I have sustained multiple and severe and debilitating injuries to my wrists, arms, neck, back, legs, my back and neck and arms hurt the most it feel like my back and neck and wrist are constantly on fire and it's gets worse everyday. I have been seeing the medical staff and all they prescribe to me is Ibuprofen.

### IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes \_\_\_\_ No ☒

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

\_\_\_\_\_  
\_\_\_\_\_

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes \_\_\_\_ No \_\_\_\_ Do Not Know \_\_\_\_

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes \_\_\_\_ No \_\_\_\_ Do Not Know \_\_\_\_

If YES, which claim(s)? \_\_\_\_\_

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes \_\_\_\_ No \_\_\_\_

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes \_\_\_\_ No \_\_\_\_

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

1. Which claim(s) in this complaint did you grieve? \_\_\_\_\_

2. What was the result, if any? \_\_\_\_\_

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: This was not a Prison grievance.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. If you did not file a grievance but informed any officials of your claim, state who you informed, when and how, and their response, if any: I explained my claim to the medical staff and anyone who would listen and they were in complete shock at what happened to me.  
\_\_\_\_\_

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. **Relief:**

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount). I want the Court to make each of the Defendants to Apologize to me and make them promise that they will never do this to another human being, it is shocking to the senses that a Judge, a D.A., Public Defenders Police and Sheriffs and private Attorneys



had conspired with each other to ruin my businesses, my reputation and to injure me and to land me in prison for 15 months and counting and everyone is turning the other way. I cannot work like I used to due to these injuries. I have suffered Post traumatic stress from this ordeal. To be attacked by a Judge and Sheriffs for no reason in a Public Bathroom. Where I did not provoke anyone. There is no Court transcripts where Judge means even kicked me out of the Carthouse, because he did it in a Public Bathroom, with (2) two Sheriffs in tow. Then to be injured by them severely. Then to be thrown out of a Public Carthouse for no reason and I have a valid subpoena from another Judge Williams and to be arrested for appearing. I'm

VI. Previous lawsuits:

Seeking \$2.2 billion dollars

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes \_\_\_\_ No \_\_\_\_

B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff \_\_\_\_\_

Defendants \_\_\_\_\_

2. Court (if federal court, name the district; if state court, name the county) \_\_\_\_\_

3. Docket or Index number \_\_\_\_\_

4. Name of Judge assigned to your case \_\_\_\_\_

5. Approximate date of filing lawsuit \_\_\_\_\_

6. Is the case still pending? Yes \_\_\_\_ No \_\_\_\_

If NO, give the approximate date of disposition \_\_\_\_\_

On  
these  
claims

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

C. Have you filed other lawsuits in state or federal court?

Yes \_\_\_\_ No \_\_\_\_

D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff \_\_\_\_\_

Defendants \_\_\_\_\_

2. Court (if federal court, name the district; if state court, name the county) \_\_\_\_\_

3. Docket or Index number \_\_\_\_\_

4. Name of Judge assigned to your case \_\_\_\_\_

5. Approximate date of filing lawsuit \_\_\_\_\_

6. Is the case still pending? Yes \_\_\_\_ No \_\_\_\_

If NO, give the approximate date of disposition \_\_\_\_\_

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 7 day of June, 2015

Signature of Plaintiff

Inmate Number

Institution Address

Jasheon Parker  
L2-1926

SCF @ Camp Hill  
P.O. Box 200  
Camp Hill, PA. 17001-0200

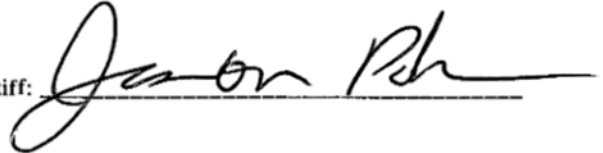
or

- 7 - 7353 E. Walnut Lane  
Phila., PA. 19138  
Phone # 215-549-3725  
E-mail: Jasheon.Parker@gmail.com

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 7 day of June, 20 15, I am delivering this complaint to prison authorities to be mailed to the Clerk's Office of the United States District Court for the Eastern District of Pennsylvania.

Signature of Plaintiff: \_\_\_\_\_

A handwritten signature in black ink, appearing to read "Jason Rh", written over a horizontal line.